

Case Number:	CM15-0016023		
Date Assigned:	02/05/2015	Date of Injury:	02/08/2014
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/28/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female, who sustained an industrial injury on February 8, 2014. She has reported strained back and twisted ankle. The diagnoses have included lumbar radiculopathy, right ankle sprain, lumbago, displacement of lumbar intervertebral disc without myelopathy, anxiety and symptoms of depression. Treatment to date has included medications, diagnostic studies, physical therapy sessions and cane. Currently, the injured worker complains of pain in her lower back, right leg and right ankle. The pain is associated with tingling, numbness and weakness in the right leg. She rated the pain as a 6 with medications and as an 8 without medications on a 1-10 pain scale. Due to functional limitations, she avoids going to work, performing household chores, participating in recreation, doing yard work and shopping due to the pain. On December 24, 2014, Utilization Review non-certified chiropractic 2 x week for 5 weeks for the lumbar spine, noting the CA MTUS Guidelines. On January 28, 2015, the injured worker submitted an application for Independent Medical Review for review of chiropractic 2 x week for 5 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic for the lumbar spine, twice weekly for five weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The injured worker is a 52 year old female, who sustained an industrial injury on February 8, 2014. Treatment to date has included medications, diagnostic studies, physical therapy sessions and cane. The medical records reviewed do not reflect the patient receiving any Chiropractic care from the date of injury through the date of the negative UR determination of 12/24/14. The patients presentation for treatment with level 6/10 and examination deficits would support evidence of flare/exacerbation with the CAMTUS Chronic Treatment Guidelines supporting a trial of care, 6 sessions with evidence of functional improvement should additional care be requested. The request for 2x5 Chiropractic care exceeds CAMTUS Chronic Treatment Guidelines; a modified treatment plan consistent with guidelines is 6 sessions modified from the 10 requested. The Appeal of denied care for 10 sessions remains denied for care that exceeds CAMTUS Treatment Guidelines; a modified plan per same guidelines of 6 sessions is certified.